



Facility Name & ID Number Lutheran Home For The Aged# 0005090 Report Period Beginning: 07/01/03 Ending: 06/30/04

## III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,  
(must agree with license). Date of change in licensed beds \_\_\_\_\_

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>262</u>	Skilled (SNF)	<u>262</u>	<u>95,892</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>60</u>	Intermediate (ICF)	<u>60</u>	<u>21,960</u>	3
4		Intermediate/DD			4
5	<u>70</u>	Sheltered Care (SC)	<u>70</u>	<u>25,620</u>	5
6		ICF/DD 16 or Less			6
7	<u>392</u>	TOTALS	<u>392</u>	<u>143,472</u>	7

## B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>2,189</u>	<u>1,525</u>	<u>9,880</u>	<u>13,594</u>	8
9	SNF/PED					9
10	ICF	<u>31,473</u>	<u>68,612</u>	<u>1,368</u>	<u>101,453</u>	10
11	ICF/DD					11
12	SC	<u>871</u>	<u>22,204</u>	<u>715</u>	<u>23,790</u>	12
13	DD 16 OR LESS					13
14	TOTALS	<u>34,533</u>	<u>92,341</u>	<u>11,963</u>	<u>138,837</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed  
bed days on line 7, column 4.) 96.77%

D. How many bed-hold days during this year were paid by Public Aid?

None (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.  
(E.g., day care, "meals on wheels", outpatient therapy)Meals on Wheels, Adult Day Care, Outpatient Therapy, Child Day Care

F. Does the facility maintain a daily midnight census?

YesG. Do pages 3 & 4 include expenses for services or  
investments not directly related to patient care?YES ☒NO ☐

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☒NO ☐

I. On what date did you start providing long term care at this location?

Date started 8/1/53

J. Was the facility purchased or leased after January 1, 1978?

YES ☐

Date \_\_\_\_\_

NO ☒

K. Was the facility certified for Medicare during the reporting year?

YES ☒NO ☐

If YES, enter number

of beds certified 252 and days of care provided 9,829Medicare Intermediary AdminaStar Federal

## IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH\* ☐ CASH\* ☐Is your fiscal year identical to your tax year? YES ☒ NO ☐Tax Year: 6/30/04 Fiscal Year: 6/30/04

\* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

## STATE OF ILLINOIS

Page 3

Facility Name &amp; ID Number

Lutheran Home For The Aged

# 0005090

Report Period Beginning:

07/01/03

Ending:

06/30/04

## V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>A. General Services</b>											
1	Dietary	1,307,786	71,502	3,936	1,383,224		1,383,224	(63,623)	1,319,601			1
2	Food Purchase		1,837,931		1,837,931		1,837,931	(583,678)	1,254,253			2
3	Housekeeping	500,759	121,700	330,460	952,919		952,919	(60,492)	892,427			3
4	Laundry	126,047	68,571	26,688	221,306		221,306		221,306			4
5	Heat and Other Utilities			960,461	960,461		960,461	(351,491)	608,970			5
6	Maintenance	792,698	166,304	630,532	1,589,534		1,589,534	(48,476)	1,541,058			6
7	Other (specify):*											7
8	<b>TOTAL General Services</b>	2,727,290	2,266,008	1,952,077	6,945,375		6,945,375	(1,107,760)	5,837,615			8
	<b>B. Health Care and Programs</b>											
9	Medical Director			28,124	28,124		28,124		28,124			9
10	Nursing and Medical Records	9,198,927	621,902	104,627	9,925,456		9,925,456	(36,812)	9,888,644			10
10a	Therapy	276,645	15,597		292,242		292,242		292,242			10a
11	Activities	278,627	30,283	701	309,611		309,611	(14,989)	294,622			11
12	Social Services	196,381	3,709		200,090		200,090		200,090			12
13	Nurse Aide Training											13
14	Program Transportation			3,204	3,204		3,204		3,204			14
15	Other (specify):*											15
16	<b>TOTAL Health Care and Programs</b>	9,950,580	671,491	136,656	10,758,727		10,758,727	(51,801)	10,706,926			16
	<b>C. General Administration</b>											
17	Administrative	99,531		5,489,563	5,589,094		5,589,094	(4,874,737)	714,357			17
18	Directors Fees											18
19	Professional Services			118,795	118,795		118,795	114,964	233,759			19
20	Dues, Fees, Subscriptions & Promotions			42,880	42,880		42,880	68,929	111,809			20
21	Clerical & General Office Expenses	56,824	48,238	155,021	260,083		260,083	774,175	1,034,258			21
22	Employee Benefits & Payroll Taxes			1,010,571	1,010,571		1,010,571	2,410,994	3,421,565			22
23	Inservice Training & Education											23
24	Travel and Seminar			6,833	6,833		6,833	38,922	45,755			24
25	Other Admin. Staff Transportation			5,239	5,239		5,239	2,859	8,098			25
26	Insurance-Prop.Liab.Malpractice			113,833	113,833		113,833	204,834	318,667			26
27	Other (specify):*							513,658	513,658			27
28	<b>TOTAL General Administration</b>	156,355	48,238	6,942,735	7,147,328		7,147,328	(745,402)	6,401,926			28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	12,834,225	2,985,737	9,031,468	24,851,430		24,851,430	(1,904,963)	22,946,467			29

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

## STATE OF ILLINOIS

Page 4

Facility Name &amp; ID Number

Lutheran Home For The Aged

#0005090

Report Period Beginning:

07/01/03

Ending:

06/30/04

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			2,169,000	2,169,000		2,169,000	(676,902)	1,492,098			30
31	Amortization of Pre-Op. & Org.			37,825	37,825		37,825	(37,825)				31
32	Interest			1,075,729	1,075,729		1,075,729	(482,160)	593,569			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			11,439	11,439		11,439		11,439			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			3,293,993	3,293,993		3,293,993	(1,196,887)	2,097,106			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,486,993	1,197,604	2,684,597		2,684,597	(149,430)	2,535,167			39
40	Barber and Beauty Shops	120,575	16,639	625	137,839		137,839	(137,839)				40
41	Coffee and Gift Shops		55,163		55,163		55,163	(55,163)				41
42	Provider Participation Fee			176,778	176,778		176,778		176,778			42
43	Other (specify):*	320,040			320,040		320,040	(320,040)				43
44	<b>TOTAL Special Cost Centers</b>	440,615	1,558,795	1,375,007	3,374,417		3,374,417	(662,472)	2,711,945			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	13,274,840	4,544,532	13,700,468	31,519,840		31,519,840	(3,764,322)	27,755,518			45

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Lutheran Home For The Aged

# 0005090

Report Period Beginning: 07/01/03

Ending: 06/30/04

## VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(72,782)	2		4
5	Telephone, TV & Radio in Resident Rooms	(51,974)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(424,731)	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax		02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(66,766)	21		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(2,724,600)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (3,340,853)		\$	30

OHF USE ONLY						
48		49	50	51	52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
	Amortization of Organization &			
33	Pre-Operating Expense			33
	Adjustments for Related Organization			
34	Costs (Schedule VII)	(423,469)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (423,469)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B) )	\$ (3,764,322)		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS			Page 5A
Lutheran Home For The Aged			
Report Period Beginning:	06/01/83		
Ending:	06/30/84		
NON-ALLOWABLE EXPENSES			Sch. V Line
	Amount	Reference	
1 Music Income	\$ (5,280)	11	1
2 Misc. Op - Volunteers	(2,675)	21	2
3 Misc. Op - Arts & Crafts	(4,232)	11	3
4 Printing Income - Internal	(533)	21	4
5 Concert Series	(5,562)	11	5
6 IRA Dues	(13,750)	29	6
7 Amortization	(37,826)	31	7
8 Application Fees	(41,200)	21	8
9 Hearing Aid Income	(149)	21	9
10 Caregiving by Nursing	(27,312)	10	10
11 Beauty Shop	(127,839)	40	11
12 I.V. - Apartment Cleaning	628	2	12
13 I.V. - Medical Fees	(9,600)	10	13
14 I.V. - Security	(26,800)	6	14
15 Variety Store	(55,162)	41	15
16 I.V. - Housekeeping Salaries	(264)	3	16
17 Cable TV	(63,689)	5	17
18 Hearsthouse - Food Service Salaries	(320,640)	43	18
19 I.V. - Housekeeping Supplies	609	3	19
20 Professional Fees - Ark Development	(15,000)	19	20
21 Satisfaction Survey - Marketing	(3,250)	19	21
22 Hearsthouse - Adult Day Care - Dietary	(63,623)	1	22
23 Hearsthouse - Adult Day Care - Food	(481,452)	2	23
24 Non-Care Utilities	(287,802)	5	24
25 Non-Care Housekeeping	(59,649)	3	25
26 Legal Fees - Collections	(280)	19	26
27 Legal Fees - Prior Year	(2,625)	19	27
28 Non-Care Depreciation	(252,171)	30	28
29 Non-Care Interest	(104,046)	32	29
30 Investment Income	(405,200)	32	30
31 Out of State - Travel Expenses	(2,492)	28	31
32 Food Service Discount	(23,855)	2	32
33 Pharmacy Discount	(143,438)	29	33
34 Other Discount	(1,188)	31	34
35 Misc. Income	(2,536)	21	35
36 Capitalized Repairs & Maintenance	(116,256)	4	36
37 Out of State - Seminar Expense	(525)	24	37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49			49
50			50
51			51
52			52
53			53
54			54
55			55
56			56
57			57
58			58
59			59
60			60
61			61
62			62
63			63
64			64
65			65
66			66
67			67
68			68
69			69
70			70
71			71
72			72
73			73
74			74
75			75
76			76
77			77
78			78
79			79
80			80
81			81
82			82
83			83
84			84
85			85
86			86
87			87
88			88
89			89
90			90
91			91
92			92
93			93
94			94
95			95
96			96
97			97
98			98
99			99
100			100
101 Total	(2,724,600)		101

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Lutheran Home For The Aged# 0005090

Report Period Beginning:

07/01/03

Ending:

06/30/04**SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I**

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	(63,623)											(63,623)	1
2	Food Purchase	(579,089)		(4,589)									(583,678)	2
3	Housekeeping	(60,492)											(60,492)	3
4	Laundry													4
5	Heat and Other Utilities	(351,491)											(351,491)	5
6	Maintenance	(143,062)		94,586									(48,476)	6
7	Other (specify):*													7
8	<b>TOTAL General Services</b>	<b>(1,197,757)</b>		<b>89,997</b>									<b>(1,107,760)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(36,812)											(36,812)	10
10a	Therapy													10a
11	Activities	(14,989)											(14,989)	11
12	Social Services													12
13	Nurse Aide Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	<b>TOTAL Health Care and Programs</b>	<b>(51,801)</b>											<b>(51,801)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			(4,874,737)									(4,874,737)	17
18	Directors Fees													18
19	Professional Services	(21,075)		136,039									114,964	19
20	Fees, Subscriptions & Promotions	(13,750)		82,679									68,929	20
21	Clerical & General Office Expenses	(167,000)		941,175									774,175	21
22	Employee Benefits & Payroll Taxes			2,410,994									2,410,994	22
23	Inservice Training & Education													23
24	Travel and Seminar	(525)		39,447									38,922	24
25	Other Admin. Staff Transportation	(2,492)		5,351									2,859	25
26	Insurance-Prop.Liab.Malpractice			204,834									204,834	26
27	Other (specify):*			513,658									513,658	27
28	<b>TOTAL General Administration</b>	<b>(204,842)</b>		<b>(540,560)</b>									<b>(745,402)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(1,454,400)</b>		<b>(450,563)</b>									<b>(1,904,963)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Lutheran Home For The Aged# 0005090

Report Period Beginning:

07/01/03

Ending:

06/30/04

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(676,902)											(676,902)	30
31	Amortization of Pre-Op. & Org.	(37,825)											(37,825)	31
32	Interest	(509,254)		27,094									(482,160)	32
33	Real Estate Taxes													33
34	Rent-Facility & Grounds													34
35	Rent-Equipment & Vehicles													35
36	Other (specify):*													36
37	<b>TOTAL Ownership</b>	<b>(1,223,981)</b>		<b>27,094</b>									<b>(1,196,887)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers	(149,430)											(149,430)	39
40	Barber and Beauty Shops	(137,839)											(137,839)	40
41	Coffee and Gift Shops	(55,163)											(55,163)	41
42	Provider Participation Fee													42
43	Other (specify):*	(320,040)											(320,040)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(662,472)</b>											<b>(662,472)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	<b>(sum of lines 29, 37 &amp; 44)</b>	<b>(3,340,853)</b>		<b>(423,469)</b>									<b>(3,764,322)</b>	<b>45</b>



VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
N/A		Wittenberg Lutheran Village	Crown Point, IN	See Attached		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☒ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			\$			\$	\$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$			\$	\$ *	14

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lutheran Home For The Aged# 0005090Report Period Beginning: 07/01/03Ending: 06/30/04

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	17 Administrative Allocation	\$ 5,489,563	Lutheran Home and Services for the Aged	100.00%	\$	\$ (5,489,563)
16	V	2 Food Purchase		Lutheran Home and Services for the Aged	100.00%	(4,589)	(4,589)
17	V	6 Repairs & Maintenance		Lutheran Home and Services for the Aged	100.00%	94,586	94,586
18	V	17 Administrative		Lutheran Home and Services for the Aged	100.00%	614,826	614,826
19	V	19 Professional Fees		Lutheran Home and Services for the Aged	100.00%	136,039	136,039
20	V	20 Dues & Subscriptions		Lutheran Home and Services for the Aged	100.00%	82,679	82,679
21	V	21 Clerical & General Office		Lutheran Home and Services for the Aged	100.00%	941,175	941,175
22	V	22 Employee Benefits		Lutheran Home and Services for the Aged	100.00%	2,410,994	2,410,994
23	V	24 Travel & Seminar		Lutheran Home and Services for the Aged	100.00%	39,447	39,447
24	V	25 Other Admin. Staff Transportation		Lutheran Home and Services for the Aged	100.00%	5,351	5,351
25	V	26 Liability Insurance		Lutheran Home and Services for the Aged	100.00%	204,834	204,834
26	V	27 Other - Employee Benefits		Lutheran Home and Services for the Aged	100.00%	513,658	513,658
27	V	32 Interest Expense		Lutheran Home and Services for the Aged	100.00%	27,094	27,094
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 5,489,563			\$ 5,066,094	\$ * (423,469)

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lutheran Home For The Aged# 0005090Report Period Beginning: 07/01/03Ending: 06/30/04

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lutheran Home For The Aged# 0005090Report Period Beginning: 07/01/03Ending: 06/30/04

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lutheran Home For The Aged# 0005090Report Period Beginning: 07/01/03Ending: 06/30/04

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lutheran Home For The Aged# 0005090Report Period Beginning: 07/01/03Ending: 06/30/04

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lutheran Home For The Aged# 0005090Report Period Beginning: 07/01/03Ending: 06/30/04

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lutheran Home For The Aged# 0005090Report Period Beginning: 07/01/03Ending: 06/30/04

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT



Facility Name & ID Number Lutheran Home For The Aged# 0005090Report Period Beginning: 07/01/03Ending: 06/30/04

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lutheran Home For The Aged# 0005090Report Period Beginning: 07/01/03Ending: 06/30/04

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

## STATE OF ILLINOIS

Page 7

Facility Name & ID Number Lutheran Home For The Aged # 0005090 Report Period Beginning: 07/01/03 Ending: 06/30/04

## VII. RELATED PARTIES (continued)

## C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Roger Paulsberg	Chairman	Administrative	0	see attached	34.00	85.00%	alloc salary	\$ 420,769	17-7	1
2	Penny Paulsberg	Spouse	Interior Design	0				fees	66,360	19-3	2
3	Nathan Paulsberg	Son	Operations	0		40.00	100.00%	salary	17,231	21-1	3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 504,360		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).  
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME.  
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lutheran Home For The Aged # 0005090 Report Period Beginning: 07/01/03 Ending: 06/30/04

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☒

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lutheran Home For The Aged# 0005090Report Period Beginning: 07/01/03Ending: 06/30/04

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization Lutheran Home & Services for the AgedStreet Address 800 West OaktonCity / State / Zip Code Arlington Hts, IL 60004Phone Number ( 847) 253-3710Fax Number ( 847) 253-1427

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	2	Food Purchase	Direct Cost	(5,683)	3	\$ (5,683)	\$ (4,589)	\$ (4,589)	1
2	6	Repairs & Maintenance	Direct Cost	147,634	3	147,634	94,586	94,586	2
3	10	Nursing & Medical Records	Direct Cost	32,438	3	32,438			3
4	17	Administrative	Direct Cost	761,394	3	761,394	761,394	614,826	4
5	19	Professional Fees	Direct Cost	179,768	3	179,768	136,039	136,039	5
6	20	Dues & Subscriptions	Direct Cost	427,198	3	427,198	82,679	82,679	6
7	21	Clerical & General Office	Direct Cost	1,249,356	3	1,249,356	980,763	941,175	7
8	22	Employee Benefits	Direct Cost	2,410,994	3	2,410,994	2,410,994	2,410,994	8
9	24	Travel & Seminar	Direct Cost	96,301	3	96,301	39,447	39,447	9
10	25	Other Admin. Staff Trans.	Direct Cost	7,075	3	7,075	5,351	5,351	10
11	26	Liability Insurance	Direct Cost	253,664	3	253,664	204,834	204,834	11
12	27	Other - Employee Benefits	Direct Cost	993,605	3	993,605	513,658	513,658	12
13	32	Interest Expense	Direct Cost	33,553	3	33,553	27,094	27,094	13
14	43	Hearthstone / Other	Direct Cost	450,026	3	450,026	450,026		14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 7,037,323	\$ 2,192,183		\$ 5,066,094	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lutheran Home For The Aged # 0005090 Report Period Beginning: 07/01/03 Ending: 06/30/04

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lutheran Home For The Aged # 0005090 Report Period Beginning: 07/01/03 Ending: 06/30/04

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lutheran Home For The Aged # 0005090 Report Period Beginning: 07/01/03 Ending: 06/30/04

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT



Facility Name & ID Number Lutheran Home For The Aged # 0005090 Report Period Beginning: 07/01/03 Ending: 06/30/04

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lutheran Home For The Aged # 0005090 Report Period Beginning: 07/01/03 Ending: 06/30/04

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lutheran Home For The Aged # 0005090 Report Period Beginning: 07/01/03 Ending: 06/30/04

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lutheran Home For The Aged # 0005090 Report Period Beginning: 07/01/03 Ending: 06/30/04

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lutheran Home For The Aged # 0005090 Report Period Beginning: 07/01/03 Ending: 06/30/04

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE													
A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)													
	1	2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1							\$				\$		1
2													2
3													3
4													4
5	See Supplemental Schedule												5
	Working Capital												
6	Interest on Resident Assets		X									9,584	6
7													7
8	See Supplemental Schedule												8
9	TOTAL Facility Related						\$				\$	9,584	9
	B. Non-Facility Related*												
10	Revenue Bonds		X	Residential Unit Construction			24,285,000	27,244,604	8/15/26	various	1,066,145		10
11													11
12													12
13	See Supplemental Schedule										(482,160)		13
14	TOTAL Non-Facility Related						\$ 24,285,000	\$ 27,244,604			\$ 583,985		14
15	TOTALS (line 9+line14)						\$ 24,285,000	\$ 27,244,604			\$ 593,569		15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.     \$ N/A     Line #           

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.  
 (See instructions.)     SEE ACCOUNTANTS' COMPILATION REPORT

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.  
 (See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3		4		5		6		7		8		9		10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense								
		YES	NO				Original	Balance											
	A. Directly Facility Related																		
	Long-Term																		
1							\$	\$			\$	1							
2												2							
3												3							
4												4							
5												5							
6												6							
7	TOTAL Long-Term											7							
	Working Capital																		
8							\$	\$			\$	8							
9												9							
10												10							
11												11							
12												12							
13												13							
14	TOTAL Working Capital											14							
	B. Non-Facility Related*																		
15	Non-Care Interest						\$	\$			\$ (104,046)	15							
16	Investment Income										(405,208)	16							
17	Allocation from LHSA										27,094	17							
18												18							
19												19							
20	TOTAL Non-Facility Related										(482,160)	20							

- \* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.  
(See instructions.) SEE ACCOUNTANTS' COMPILATION REPORT
- \*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.  
(See instructions.)

Facility Name & ID Number **Lutheran Home For The Aged**# **0005090** Report Period Beginning: **07/01/03** Ending: **06/30/04****IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)****B. Real Estate Taxes**

1. Real Estate Tax accrual used on 2003 report.		<b>Important</b> , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	2
3. Under or (over) accrual (line 2 minus line 1).			\$	3
4. Real Estate Tax accrual used for 2004 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>			\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>			\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	1999	8		
	2000	9		
	2001	10		
	2002	11		
	2003	12		
			<b>FOR OHF USE ONLY</b>	
			13	FROM R. E. TAX STATEMENT FOR 2003 \$ 13
			14	PLUS APPEAL COST FROM LINE 5 \$ 14
			15	LESS REFUND FROM LINE 6 \$ 15
			16	AMOUNT TO USE FOR RATE CALCULATION \$ 16

**NOTES:**

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

SEE ACCOUNTANTS' COMPILATION REPORT



**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates    **RE:** 2003 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2003 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2003.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2003 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2004 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Office of Health Finance at (217) 782-1630.

**2003 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Lutheran Home For The Aged COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0005090

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847)236-1111 FAX #: (847)236-1155

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2003 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2003.

	(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
2.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
3.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
4.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
5.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
6.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
7.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
8.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
9.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
10.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
		<b>TOTALS</b>	\$ <u>                    </u>	\$ <u>                    </u>

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?            YES            NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

**C. Tax Bills**

Attach a copy of the original 2003 tax bills which were listed in Section A to this statement. Be sure to use the 2003 tax bill which is normally paid during 2004.

**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates    **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Office of Health Finance at (217) 782-1630.

**2000 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Lutheran Home For The Aged COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0005090

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847)236-1111 FAX #: (847)236-1155

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

	(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
2.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
3.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
4.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
5.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
6.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
7.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
8.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
9.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
10.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
		<b>TOTALS</b>	\$ <u>                    </u>	\$ <u>                    </u>

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?            YES            NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

**C. Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

A.

Square Feet:

315,041

B. General Construction Type:

Exterior

Brick

Frame

Number of Stories

C.

Does the Operating Entity?

☒

(a) Own the Facility

☐

(b) Rent from a Related Organization.

☐

(c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D.

Does the Operating Entity?

☒

(a) Own the Equipment

☐

(b) Rent equipment from a Related Organization.

☒

(c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E.

List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Lutheran Home & Services for the Aged, Inc. - Parent Corporation

Lutheran Community Services for the Aged, Inc. - Family Support Services

Lutheran Foundation for the Aged - Fund Raising Activities

Hearthstone Supportive Apartments - 100 beds, 89,048 square feet

Child Day Care - 6448 square feet

Adult Day Care - 5088 square feet

F.

Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐

YES

☐

NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Patient Care	871,200	1922	\$ 20,000	1
2	Cemetary	43,560	1896	225	2
3	TOTALS	914,760		\$ 20,225	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Lutheran Home For The Aged

# 0005090

Report Period Beginning:

07/01/03

Ending:

06/30/04

**XL OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	125	1953	1953	\$ 1,242,090	\$	50	\$	\$	1,242,090
5		1962	1962	82,773	2,365	50	2,365		73,192
6	102	1966	1966	1,196,550	34,187	50	34,187		950,422
7	126	1973	1973	2,431,047	69,458	50	69,458		1,590,597
8	126	1978	1978	3,398,949	97,113	50	97,113		1,952,085
<b>Improvement Type**</b>									
9	Various	1976	1976	10,801		20	309	309	6,636
10	Various	1980	1980	128,110		20	3,660	3,660	68,446
11	Various	1981	1981	1,686,911		20	48,198	48,198	867,555
12	Various	1982	1982	881,456		20	25,184	(25,184)	435,688
13	Various	1983	1983	733,983		20	20,971	20,971	348,119
14	Various	1984	1984	650,719		20	18,592	18,592	295,612
15	Various	1985	1985	335,901		20	9,597	9,597	145,876
16	Various	1986	1986	31,815		20	909	909	13,180
17	Various	1987	1987	36,747		20	1,050	1,050	14,489
18	Various	1988	1988	125,105		20	3,574	3,574	46,823
19	Various	1989	1989	5,271		20	151	151	1,868
20	Various	1990	1990	9,600		20	274	274	2,934
21	Various	1991	1991	65,975		20	1,885	1,885	20,736
22	Various	1992	1992	254,620		20	7,275	7,275	74,209
23	Various	1993	1993	60,706		20	1,734	1,734	16,650
24	Various	1994	1994	164,661		20	4,705	4,705	41,873
25	Various	1995	1995	40,474		20	1,156	1,156	9,481
26	Various	1996	1996	40,722		20	1,165	1,165	8,497
27	Various	1997	1997	20,182		20	576	576	3,902
28	Various	1998	1998	7,103,694		20	210,704	210,704	1,197,970
29	Various	1999	1999	4,703,451		20	138,801	138,801	709,356
30	Various	2000	2000	732,300		20	30,679	30,679	121,809
31							-		-
32							-		-
33							-		-
34							-		-
35							-		-
36							-		-

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37			\$	\$		\$	\$		37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67	Related Building Company (Pages 12-BLDG & 12A-BLDG)								67
68	Related Party Allocations (Pages 12-REP & 12A-REP)								68
69	Financial Statement Depreciation			1,340,317			(1,340,317)		69
70	TOTAL (lines 4 thru 69)		\$ 26,174,613	\$ 1,543,440		\$ 734,272	\$ (859,536)	\$ 10,260,095	70

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

**\*\*Improvement type must be detailed in order for the cost report to be considered complete.**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 30,611,915	\$ 1,543,440		\$ 862,433	\$ (681,007)	\$ 10,712,333	1
2	Sinks, Countertops, Faucets	2001	12,280		20	351	351	877	2
3	Sinks, Countertops, Faucets	2001	14,596		20	417	417	973	3
4	Air Conditioning Units (7600)	2001	5,798		20	290	290	749	4
5	Compressor (27613)	2001	21,063		20	1,053	1,053	3,071	5
6	Carpet (16608)	2001	12,669		20	633	633	1,636	6
7	Barrier Gate (4728)	2001	3,607		20	180	180	465	7
8	Draperies	2001	2,940		20	147	147	368	8
9	Draperies	2001	966		20	48	48	120	9
10	Carpet (550)	2001	420		20	21	21	54	10
11	Electrical Panel (2845)	2001	2,170		20	109	109	281	11
12	Flooring	2001	2,600		20	130	130	379	12
13	Curtains	2001	2,752		20	138	138	391	13
14	Fence (1242)	2001	1,021		20	51	51	140	14
15	Parking Lot (8305)	2001	6,827		20	341	341	938	15
16	Flooring	2001	905		20	45	45	116	16
17	Elevator	2001	1,682		20	84	84	217	17
18	Electrical	2001	5,722		20	286	286	858	18
19	Generator (9174)	2001	7,541		20	377	377	1,100	19
20	Electrical	2001	637		20	32	32	96	20
21	Landscaping (4578)	2001	3,763		20	188	188	392	21
22	Gazebo (3435)	2001	2,824		20	141	141	423	22
23	H Wing Renovation (2,009,543)	2001	1,651,844		20	82,592	82,592	330,368	23
24	Blower, Heater, Penthouse (2355)	2001	1,796		20	90	90	240	24
25	Shut Off Valves & Pipe Wrap (3802)	2001	2,900		20	145	145	375	25
26	Masonry Work G-Wing	2001	20,760		20	1,038	1,038	2,595	26
27	Masonry Work E-Wing	2001	17,695		20	885	885	2,212	27
28	Masonry Work E-Wing	2001	9,840		20	492	492	1,230	28
29	Masonry Work H-Wing (15,930)	2001	13,094		20	655	655	1,637	29
30	Masonry Work G-Wing	2001	26,965		20	1,348	1,348	3,370	30
31	Chain Link Fence (2980)	2002	2,274		20	65	65	162	31
32	Ceiling Tiles	2002	3,362		20	96	96	232	32
33	Cabling (688)	2002	525		20	15	15	36	33
34	TOTAL (lines 1 thru 33)		\$ 32,475,753	\$ 1,543,440		\$ 954,916	\$ (588,524)	\$ 11,068,434	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

**XI. OWNERSHIP COSTS (continued)**

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 32,475,753	\$ 1,543,440		\$ 954,916	\$ (588,524)	\$ 11,068,434	1
2	Cabling (608)	2002	464		20	13	13	32	2
3	Doors	2002	6,950		20	199	199	481	3
4	Vinyl Tile	2002	1,015		20	29	29	68	4
5	Sinks, Countertops, Faucets	2002	19,928		20	569	569	1,328	5
6	Sealants	2002	7,450		20	213	213	497	6
7	Decorating	2002	750		20	21	21	47	7
8	Cabling (2091)	2002	1,595		20	46	46	103	8
9	Sinks, Countertops, Faucets	2002	23,452		20	670	670	1,508	9
10	Painting & Decorating	2002	9,550		20	273	273	591	10
11	Painting & Decorating (5325)	2002	4,062		20	116	116	251	11
12	Wall Repair (7088)	2002	5,407		20	154	154	347	12
13	Signs	2002	1,940		20	55	55	119	13
14	Door System (3300)	2002	2,517		20	72	72	168	14
15	Computer Cabling (2305)	2002	1,758		20	50	50	108	15
16	Computer Cabling (1456)	2002	1,111		20	32	32	67	16
17	Floor Tiles(2150)	2002	1,640		20	47	47	102	17
18	Roof Top Unit (137,740)	2002	105,068		20	3,002	3,002	6,254	18
19	Alarm System	2002	33,632		20	1,682	1,682	4,205	19
20	Alarm System	2002	8,075		20	404	404	976	20
21	Light Fixtures	2002	1,298		20	65	65	141	21
22	Hot Water Pumping System (4620)	2002	3,524		20	176	176	411	22
23	Light Fixtures (3875)	2002	2,956		20	148	148	333	23
24	Hot Water Pumps (36170)	2002	27,590		20	1,380	1,380	3,105	24
25	Security System (110,099)	2002	83,984		20	4,199	4,199	8,748	25
26	Draperies (2144)	2002	1,635		20	82	82	178	26
27	Door System	2002	633		20	32	32	69	27
28	Generator (2118)	2002	1,741		20	87	87	218	28
29	Boiler / Water Heater (1854)	2002	1,524		20	76	76	184	29
30	Water Heater (1097)	2002	902		20	45	45	109	30
31	Hvac (1290)	2002	1,060		20	53	53	124	31
32	Da Tank (2784)	2002	2,288		20	114	114	257	32
33	Hot Water System (1062)	2002	873		20	44	44	106	33
34	TOTAL (lines 1 thru 33)		\$ 32,842,125	\$ 1,543,440		\$ 969,064	\$ (574,376)	\$ 11,099,669	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.



**\*\*Improvement type must be detailed in order for the cost report to be considered complete.**

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 33,511,329	\$ 1,543,440		\$ 1,002,525	\$ (540,915)	\$ 11,208,946	1
2	Water Heater (41000)	2002	31,275		20	1,564	1,564	3,128	2
3	Water Heater (10000)	2002	7,628		20	381	381	762	3
4	Plumbing (1375)	2002	1,049		20	52	52	104	4
5	Plumbing (3790)	2002	2,891		20	145	145	290	5
6	Sewer Lines (11730)	2002	8,948		20	447	447	894	6
7	Structural Repairs (42167)	2002	32,165		20	1,608	1,608	3,216	7
8	Pavement Repairs (6931)	2002	5,287		20	264	264	528	8
9	Survey (1182)	2002	902		20	45	45	90	9
10	Engineering (5500)	2002	4,195		20	210	210	420	10
11	Sewer Lines (3225)	2002	2,460		20	123	123	246	11
12	Engineering (4903)	2002	3,740		20	187	187	374	12
13	Locks (509)	2002	389		20	19	19	38	13
14	Door Closures (1358)	2002	1,036		20	52	52	104	14
15	Pump, Circulator (708)	2002	540		20	27	27	54	15
16	Door Closures (992)	2002	757		20	38	38	76	16
17	Landscaping (3088)	2002	2,355		20	118	118	236	17
18	Landscaping (970)	2002	740		20	37	37	74	18
19	Canopy (950)	2002	725		20	36	36	72	19
20	Compression Couplers (2000)	2002	1,526		20	76	76	152	20
21	Electrical Circuits (5120)	2002	3,906		20	195	195	390	21
22	Carpet Repair (1656)	2002	1,263		20	63	63	126	22
23	Entrance Door Repair (849)	2002	648		20	32	32	64	23
24	Security System (1770)	2002	1,350		20	68	68	136	24
25	Hot Water Boilers (2271)	2002	1,732		20	87	87	174	25
26	Plumbing, Piping (637)	2002	486		20	24	24	48	26
27	Condensate Pump (872)	2002	665		20	33	33	66	27
28	Flooring	2002	759		20	38	38	76	28
29	Motor (1546)	2002	1,179		20	59	59	118	29
30	Security System (1196)	2002	912		20	46	46	92	30
31	Phone System (326)	2003	249		20	12	12	24	31
32	Kitchen Design (7200)	2003	5,492		20	275	275	550	32
33	Kitchen Design (7875)	2003	6,007		20	300	300	600	33
34	TOTAL (lines 1 thru 33)		\$ 33,644,585	\$ 1,543,440		\$ 1,009,186	\$ (534,254)	\$ 11,222,268	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

**\*\*Improvement type must be detailed in order for the cost report to be considered complete.**

**\*\*Improvement type must be detailed in order for the cost report to be considered complete.**

**\*\*Improvement type must be detailed in order for the cost report to be considered complete.**

## STATE OF ILLINOIS

Page 12J

Facility Name &amp; ID Number Lutheran Home For The Aged

# 0005090

Report Period Beginning:

07/01/03

Ending:

06/30/04

## XI. OWNERSHIP COSTS (continued)

## B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		\$ 34,707,274	\$ 1,543,440		\$ 1,062,323	\$ (481,117)	\$ 11,309,847	1
2	Paint (779)	2003	594		20	30	30	30	2
3	Paint (902)	2003	688		20	34	34	34	3
4	Paint (902)	2003	688		20	34	34	34	4
5	Paint (943)	2003	719		20	36	36	36	5
6	Completion Christ Courtyardtrelliswall (7500)	2004	5,721		20	286	286	286	6
7	Wiring To Security Office (1797)	2004	1,371		20	69	69	69	7
8	A&B Shower Remodeling, 1,2 & 3	2004	18,000		20	900	900	900	8
9	Wiring In Nurse Mgr'S Offices	2004	455		20	23	23	23	9
10	Asbestos Abatement In A Shower Rms	2004	2,475		20	124	124	124	10
11	Hvac Rooftop Unit Replacement (95,500)	2004	72,847		20	3,642	3,642	3,642	11
12	Bathing Suites A Wing 1,2,&3	2004	4,708		20	235	235	235	12
13	Bathing Suites A Wing 1,2,&3	2004	2,535		20	127	127	127	13
14	Bathing Suites A Wing 1,2,&3	2004	40,050		20	2,003	2,003	2,003	14
15	Bathing Suites A Wing 1,2,&3	2004	7,500		20	375	375	375	15
16	Bathing Suites A Wing 1,2,&3	2004	7,350		20	368	368	368	16
17	Bathing Suites A Wing 1,2,&3	2004	1,163		20	58	58	58	17
18	Kitchen Phase Ii & Dish Room (15,500)	2004	11,823		20	591	591	591	18
19	Bathing Suites A Wing 1,2,&3	2004	34,000		20	1,700	1,700	1,700	19
20	Bathing Suites A Wing 1,2,&3	2004	995		20	50	50	50	20
21	2 Data Wire Run - J Hub (4075)	2004	3,108		20	155	155	155	21
22	2 Data Wire Run - J Hub (226)	2004	173		20	9	9	9	22
23	Repair To Elev. #6 - Partial Payment	2004	18,000		20	900	900	900	23
24	6 Tilt Mirrors	2004	636		20	32	32	32	24
25	Grab Bars	2004	3,140		20	157	157	157	25
26	Kitchen Phase Ii & Dish Room (4000)	2004	3,051		20	153	153	153	26
27	Bathing Suites A Wing 1,2,&3	2004	1,710		20	86	86	86	27
28	Bathing Room Renovations	2004	7,641		20	382	382	382	28
29	Kitchen Remodeling Dish Room (26,580)	2004	20,275		20	1,014	1,014	1,014	29
30	Olson A Wing Bathing Suites	2004	4,500		20	225	225	225	30
31	Olson A Wing Bathing Suites	2004	3,275		20	164	164	164	31
32	Olson A Wing Bathing Suites	2004	2,000		20	100	100	100	32
33	Kitchen Remodeling Dish Room (1000)	2004	763		20	38	38	38	33
34	TOTAL (lines 1 thru 33)		\$ 34,989,230	\$ 1,543,440		\$ 1,076,421	\$ (467,019)	\$ 11,323,945	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

**\*\*Improvement type must be detailed in order for the cost report to be considered complete.**

**\*\*Improvement type must be detailed in order for the cost report to be considered complete.**



**\*\*Improvement type must be detailed in order for the cost report to be considered complete.**

XI. OWNERSHIP COSTS (continued)									
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.									
1	2	3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12M, Carried Forward		\$ 35,277,976	\$ 1,543,440		\$ 1,090,858	\$ (452,582)	\$ 11,338,382	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 35,277,976	\$ 1,543,440		\$ 1,090,858	\$ (452,582)	\$ 11,338,382	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12N, Carried Forward		\$ 35,277,976	\$ 1,543,440		\$ 1,090,858	\$ (452,582)	\$ 11,338,382	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 35,277,976	\$ 1,543,440		\$ 1,090,858	\$ (452,582)	\$ 11,338,382	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12O, Carried Forward		\$ 35,277,976	\$ 1,543,440		\$ 1,090,858	\$ (452,582)	\$ 11,338,382	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 35,277,976	\$ 1,543,440		\$ 1,090,858	\$ (452,582)	\$ 11,338,382	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)									
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.									
1	2	3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12P, Carried Forward		\$ 35,277,976	\$ 1,543,440		\$ 1,090,858	\$ (452,582)	\$ 11,338,382	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 35,277,976	\$ 1,543,440		\$ 1,090,858	\$ (452,582)	\$ 11,338,382	34

XI. OWNERSHIP COSTS (continued)										
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.										
1	2	3	4	5	6	7	8	9		
Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4				\$	\$		\$	\$		4
5										5
6										6
7										7
8										8
Improvement Type**										
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			\$	\$		\$	\$	\$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$	\$		\$	\$	\$	70

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)										
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.										
1	2	3	4	5	6	7	8	9		
Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4				\$	\$		\$	\$		4
5										5
6										6
7										7
8										8
Improvement Type**										
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36



XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			\$	\$		\$	\$	\$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$	\$		\$	\$	\$	70

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 6,124,764	\$ 355,958	\$ 371,581	\$ 15,623	10	\$ 6,369,142	71
72	Current Year Purchases	210,740		21,074	21,074	10	21,074	72
73	Fully Depreciated Assets	1,716,400				10	1,716,400	73
74								74
75	TOTALS	\$ 8,051,904	\$ 355,958	\$ 392,655	\$ 36,697		\$ 8,106,616	75

D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Patient Care	1997 Ford Club Wagon	1997	\$ 100,711	\$	\$		5	\$ 100,711	76
77	Patient Care	2002 Goshen Bus	2001	50,932	12,733	12,733		5	33,955	77
78	Housekeeping	2000 Ford Truck Explorer	2001	18,793	4,698	4,698		5	10,962	78
79										79
80	TOTALS			\$ 170,436	\$ 17,431	\$ 17,431	\$		\$ 145,628	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 43,343,624	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 1,916,829	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 1,492,098	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (424,731)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 19,581,780	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Various - see attached - 2004	\$ 13,638,901	\$ 252,171	\$ 1,554,145	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 13,638,901	\$ 252,171	\$ 1,554,145	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

SEE ACCOUNTANTS' COMPILATION REPORT

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: \_\_\_\_\_

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? \_\_\_\_\_

If NO, see instructions.

☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

\*\*

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease \_\_\_\_\_.

9. Option to Buy: ☐ YES ☐ NO Terms: \_\_\_\_\_ \*

**B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)**

15. Is Movable equipment rental included in building rental? \_\_\_\_\_

☐ YES ☐ NO

16. Rental Amount for movable equipment: \$ 11,439 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. /2005 \$ \_\_\_\_\_

13. /2006 \$ \_\_\_\_\_

14. /2007 \$ \_\_\_\_\_

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

<b>1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?</b>  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.	<b>2. CLASSROOM PORTION:</b>  IN-HOUSE PROGRAM <input type="checkbox"/>  IN OTHER FACILITY <input type="checkbox"/>  COMMUNITY COLLEGE <input type="checkbox"/>  HOURS PER AIDE _____	<b>3. CLINICAL PORTION:</b>  IN-HOUSE PROGRAM <input type="checkbox"/>  IN OTHER FACILITY <input type="checkbox"/>  HOURS PER AIDE _____
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$ \_\_\_\_\_

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.  
 (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.  
 (c) For in-house training programs only. Do not include fringe benefits.  
 (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.  
 (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.  
 SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8		
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service	Cost	Units	Cost					
					1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 317,313
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			37,540				37,540	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist	39 - 03	hrs			782,688				782,688	4
5	Physician Care	39 - 03	visits			8,357				8,357	5
6	Dental Care		visits								6
7	Work Related Program		hrs								7
8	Habilitation		hrs								8
9	Pharmacy	39 - 02	# of prescrpts				1,048,329			1,048,329	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								
10	Academic Education		hrs								10
11	Exceptional Care Program										11
12											12
13	Other (specify): See Supplemental					51,706	438,664			490,370	13
14	TOTAL			\$		\$ 1,197,604	\$ 1,486,993		\$	2,684,597	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 5,325,254	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	802,518		3
4	Supply Inventory (priced at )	99,708		4
5	Short-Term Investments	1,408,158		5
6	Prepaid Insurance	(159,810)		6
7	Other Prepaid Expenses	254,084		7
8	Accounts Receivable (owners or related parties)	900,000		8
9	Other(specify): <a href="#">See Attached Schedule</a>	383,300		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 9,013,212	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	648,516		12
13	Land	20,225		13
14	Buildings, at Historical Cost	46,363,740		14
15	Leasehold Improvements, at Historical Cost	440,936		15
16	Equipment, at Historical Cost	11,062,501		16
17	Accumulated Depreciation (book methods)	(21,820,844)		17
18	Deferred Charges	1,466,263		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):	603,899		22
23	Other(specify): <a href="#">See Attached Schedule</a>	584,736		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 39,369,972	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 48,383,184	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,287,125	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	86,483		28
29	Short-Term Notes Payable	435,000		29
30	Accrued Salaries Payable	1,285,509		30
31	Accrued Taxes Payable (excluding real estate taxes)	57,690		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	52,803		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<a href="#">See Attached Schedule</a>	10,716,837		36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 13,921,447	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	26,809,604		41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<a href="#">See Attached Schedule</a>	1,518,409		43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 28,328,013	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 42,249,460	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 6,133,724	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 48,383,184	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1</b> <b>Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	<b>\$ 7,946,165</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	<b>\$ 7,946,165</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>(1,812,441)</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	<b>( )</b>	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	<b>\$ (1,812,441)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	<b>\$</b>	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	<b>\$ 6,133,724</b>	<b>24 *</b>

\* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

## STATE OF ILLINOIS

Page 19

Facility Name &amp; ID Number Lutheran Home For The Aged

# 0005090

Report Period Beginning: 07/01/03

Ending:

06/30/04

**VII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

**Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.**

	Revenue	Amount	
	<b>A. Inpatient Care</b>		
1	Gross Revenue -- All Levels of Care	\$ 29,321,934	1
2	Discounts and Allowances for all Levels	(7,014,882)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 22,307,052	3
	<b>B. Ancillary Revenue</b>		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,436,500	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 3,436,500	8
	<b>C. Other Operating Revenue</b>		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	201,753	13
14	Non-Patient Meals	72,782	14
15	Telephone, Television and Radio	51,974	15
16	Rental of Facility Space	1,045,004	16
17	Sale of Drugs	1,495,576	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	49,758	19
20	Radiology and X-Ray	7,850	20
21	Other Medical Services	3,790	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 2,928,487	23
	<b>D. Non-Operating Revenue</b>		
24	Contributions	1,257,127	24
25	Interest and Other Investment Income***	448,587	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 1,705,714	26
	<b>E. Other Revenue (specify):****</b>		
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See Supplemental Schedule	(670,354)	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ (670,354)	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 29,707,399	30

	Expenses	Amount	
	<b>A. Operating Expenses</b>		
31	General Services	6,945,375	31
32	Health Care	10,758,727	32
33	General Administration	7,147,328	33
	<b>B. Capital Expense</b>		
34	Ownership	3,293,993	34
	<b>C. Ancillary Expense</b>		
35	Special Cost Centers	3,197,639	35
36	Provider Participation Fee	176,778	36
	<b>D. Other Expenses (specify):</b>		
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 31,519,840	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(1,812,441)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (1,812,441)	43

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? N/A If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.



Facility Name & ID Number Lutheran Home For The Aged# 0005090Report Period Beginning: 07/01/03Ending: 06/30/04

## XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,880	2,080	\$ 89,032	\$ 42.80	1
2	Assistant Director of Nursing					2
3	Registered Nurses	122,710	136,176	3,206,986	23.55	3
4	Licensed Practical Nurses	23,734	26,337	596,541	22.65	4
5	Nurse Aides & Orderlies	371,109	411,813	5,246,502	12.74	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	13,523	14,994	276,645	18.45	8
9	Activity Director					9
10	Activity Assistants	16,609	18,575	278,627	15.00	10
11	Social Service Workers	10,255	11,451	196,381	17.15	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	111,187	124,314	1,307,786	10.52	15
16	Dishwashers					16
17	Maintenance Workers	45,061	49,653	792,698	15.96	17
18	Housekeepers	49,974	54,312	500,759	9.22	18
19	Laundry	12,606	13,806	126,047	9.13	19
20	Administrator	1,880	2,080	99,531	47.85	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	2,545	3,013	56,824	18.86	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,094	3,470	59,866	17.25	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	32,670	33,830	440,615	13.02	33
34	TOTAL (lines 1 - 33)	818,837	905,904	\$ 13,274,840 *	\$ 14.65	34

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

## B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		\$		35
36	Medical Director	monthly	28,124	09-03	36
37	Medical Records Consultant	monthly	2,804	10-03	37
38	Nurse Consultant				38
39	Pharmacist Consultant	monthly	3,720	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	12	701	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47	<u>Food Service (Temporary Labor)</u>		3,936	01-03	47
48					48
49	TOTAL (lines 35 - 48)	12	\$ 39,285		49

## C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	1,753	\$ 98,103	10-03	50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)	1,753	\$ 98,103		53

SEE ACCOUNTANTS' COMPILATION REPORT

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes				F. Dues, Fees, Subscriptions and Promotions			
Name	Function	Ownership %	Amount	Description		Amount	Description		Amount		
James Holbrook	Administrator	0	\$ 99,531	Workers' Compensation Insurance		\$	IDPH License Fee		\$		
				Unemployment Compensation Insurance			Advertising: Employee Recruitment				
				FICA Taxes		998,693	Health Care Worker Background Check				
				Employee Health Insurance			(Indicate # of checks performed _____)				
				Employee Meals			Subscriptions & Publications		8,519		
				Illinois Municipal Retirement Fund (IMRF)*			Organization Dues		8,128		
				Other Employee Benefits		137	Inspections & License Fees		12,483		
				Volunteer Recognition		11,741	Allocated from LHSA		82,679		
				Allocated from LHSA		2,410,994					
TOTAL (agree to Schedule V, line 17, col. 1)							Less: Public Relations Expense		( )		
(List each licensed administrator separately.)							Non-allowable advertising		( )		
							Yellow page advertising		( )		
B. Administrative - Other							TOTAL (agree to Sch. V, line 20, col. 8)		\$ 111,809		
Description		Amount									
Allocated Cost - Lutheran Home & Services for the Aged, Inc.		\$ 5,489,563									
TOTAL (agree to Schedule V, line 17, col. 3)		\$ 5,489,563		TOTAL (agree to Schedule V, line 22, col.8)		\$ 3,421,565					
(Attach a copy of any management service agreement)											
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees		G. Schedule of Travel and Seminar**					
Vendor/Payee	Type	Amount		Description	Line #	Amount	Description	Amount			
Penny Paulsberg	Decorating Service	\$	66,360			\$	Out-of-State Travel	\$			
Ark Development	adjusted out on page 5		15,000								
LSN	Satisfaction Survey (adj p.5)		3,250								
Achieve Accreditation	Quality Assurance		9,360				In-State Travel				
KPMG	Accounting		22,000								
Michael Best & Friedrich LLC	Legal (PY - adj p. 5)		2,625								
Carlton W. Lohrentz & Assoc.	Collections (adj p. 5)		200								
							Seminar Expense	6,307			
							Allocated from LHSA	39,447			
							Seminar Expense	6,307			
							Allocated from LHSA	39,447			

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT

\*\*See instructions.

**XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS** (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

<p>Facility Name &amp; ID Number   <b>Lutheran Home For The Aged</b></p> <p><b>XX. GENERAL INFORMATION:</b></p> <p>(1) Are nursing employees (RN,LPN,NA) represented by a union?      <u>No</u></p> <p>(2) Are there any dues to nursing home associations included on the cost report?      <u>Yes</u>          If YES, give association name and amount.      <u>Paid by related party</u></p> <p>(3) Did the nursing home make political contributions or payments to a political action organization?      <u>No</u>      If YES, have these costs been properly adjusted out of the cost report?      _____</p> <p>(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?      <u>No</u>      If YES, what is the capacity?      _____</p> <p>(5) Have you properly capitalized all major repairs and equipment purchases?      <u>Yes</u>          What was the average life used for new equipment added during this period?      <u>10 yrs</u></p> <p>(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.      \$ <u>232,196</u>      Line <u>10</u></p> <p>(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports?      <u>Yes</u>      If NO, attach a complete explanation. _____</p> <p>(8) Are you presently operating under a sale and leaseback arrangement?      <u>No</u>          If YES, give effective date of lease.      _____</p> <p>(9) Are you presently operating under a sublease agreement?      _____ YES <u>X</u> NO</p> <p>(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?      YES _____ NO <u>X</u>      If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. _____</p> <p>(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period.      \$ <u>176,778</u>          This amount is to be recorded on line 42 of Schedule V.</p> <p>(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?      <u>No</u>      If YES, attach an explanation of the allocation. _____</p>	<p style="text-align: center;"><b>STATE OF ILLINOIS</b></p> <p>#      <b>0005090</b>      Report Period Beginning:      <b>07/01/03</b>      Ending:      <b>06/30/04</b>      <span style="float: right;">Page 23</span></p> <hr/> <p>(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?      <u>Yes</u></p> <p>(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? <u>Yes</u>      For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.</p> <p>(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.      \$ _____ Has any meal income been offset against related costs?      <u>Yes</u>      Indicate the amount.      \$ <u>72,782</u></p> <p>(16) Travel and Transportation</p> <p style="margin-left: 20px;">a. Are there costs included for out-of-state travel?      <u>No</u>          If YES, attach a complete explanation.</p> <p style="margin-left: 20px;">b. Do you have a separate contract with the Department to provide medical transportation for residents?      <u>No</u>      If YES, please indicate the amount of income earned from such a program during this reporting period.      \$ _____</p> <p style="margin-left: 20px;">c. What percent of all travel expense relates to transportation of nurses and patients?      <u>100% in 14</u></p> <p style="margin-left: 20px;">d. Have vehicle usage logs been maintained?      <u>Yes</u></p> <p style="margin-left: 20px;">e. Are all vehicles stored at the nursing home during the night and all other times when not in use?      <u>Yes</u></p> <p style="margin-left: 20px;">f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?      <u>N/A</u></p> <p style="margin-left: 20px;"><b>g. Does the facility transport residents to and from day training?      <u>Yes</u></b>  <b>Indicate the amount of income earned from providing such transportation during this reporting period.</b>      \$ _____</p> <p>(17) Has an audit been performed by an independent certified public accounting firm?      <u>Yes</u>          Firm Name:      <u>KPMG</u>      The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached?      <u>Yes</u>      If no, please explain. _____</p> <p>(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V?      <u>Yes</u></p> <p>(19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report?      <u>Yes</u>          Attach invoices and a summary of services for all architect and appraisal fees.</p>
---	--

**SEE ACCOUNTANTS' COMPILATION REPORT**